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Application of : Patricio Abarzua  
Serial No. : 09/827,289  
Filed : April 5, 2001  
For : Process for Allele Discrimination Utilizing Primer Extension

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

REQUEST FOR A CORRECTED FILING RECEIPT

Dear Sir:

Applicants request that the filing receipt (a copy of which is attached) be corrected. Please correct the title:

To read: "Process for Allele Discrimination Utilizing Primer Extension"

Please issue a corrected filing receipt as requested above.

Also, enclosed is a self-addressed postage paid postcard.

FIRST CLASS CERTIFICATE

I hereby certify that this correspondence is being deposited today with the U.S. Postal Service as First Class Mail in an envelope addressed to:  
Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, DC 20231

Alan J. Grant  
Alan J. Grant, Esq.

5/31/01  
Date

Respectfully submitted,

Alan J. Grant

Alan J. Grant, Esq.  
Reg. No. 33,389

CARELLA, BYRNE BAIN, GILFILLAN,  
CECCHI, STEWART & OLSTEIN  
Six Becker Farm Road  
Roseland, NJ 07068

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Page 1 of 4

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	PCT CLAIMS	IND CLAIMS
09/827,289	04/05/2001	1645	445	469290-55	4	30	1

**CONFIRMATION NO. 5725****FILING RECEIPT**

\*OC000000006110254\*

CARELLA, BYRNE, BAIN, GILFILLAN,  
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6 Becker Farm Road  
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Date Mailed: 05/23/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Patricia Abarzua, West Caldwell, NJ;

**Domestic Priority data as claimed by applicant**

THIS APPLN CLAIMS BENEFIT OF 60/194,843 04/05/2000

**Foreign Applications****If Required, Foreign Filing License Granted 05/22/2001****Projected Publication Date: To Be Determined - pending completion of Missing Parts****Non-Publication Request: No****Early Publication Request: No****\*\* SMALL ENTITY \*\*****Title**

Process for allele discrimination utilizing primer extension

discrimination

**Preliminary Class**

DATE RECEIVED:	5-29-01
DATES ENTERED:	
1)	
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Bib Data Sheet

CONFIRMATION NO. 5725

SERIAL NUMBER 09/827,289	FILING DATE 04/05/2001 RULE	CLASS 435	GROUP/ART UNIT 1655	ATTORNEY DOCKET NO. 469290-55
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## APPLICANTS

Patricio Abarzua, West Caldwell, NJ;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/194,843 04/05/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/22/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

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## TITLE

Process for allele discrimination utilizing primer extension

FILING FEE RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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